Fast Facts

CALIFORNIA DEPARTMENT OF HEALTH SERVICES

LONG-TERM CARE INTEGRATION PILOT PROGRAM

Background

In 1995, legislation was enacted that authorized the California Department of Health Services (DHS) to implement the Long-Term Care Integration Pilot Program (LTCIPP). The statute directed DHS to select up to five pilot sites to participate in the LTCIPP. Legislation defined the pilot sites as single county, multi-county, or subcounty units. Participating sites are required to identify a local entity (either a government or non-profit agency) that would administer the program through a contract with the state.

Program Goals

- Provide a continuum of medical, social, and supportive services that foster independence and self-reliance, maintain individual dignity, and allow consumers of publicly funded long-term care (LTC) services to remain an integral part of their family and community life

- Encourage as much consumer self-direction as possible, given individual capacity and interest, and involve consumers and their family members as partners in developing and implementing a pilot project

- Test a variety of models intended to serve different geographical areas.

By integrating the delivery system for medical, social, and supportive services, consolidating the funding for these services, and adopting a capitated payment system, the LTCIPP seeks to empower counties to build a structured system out of the currently fragmented public services, overcome the built-in cost shifting incentives in the current payment structures, and provide services in the most appropriate setting and cost effective manner.

What Makes The LTCIPP Unique

California is not alone in integrating the delivery of its medical, social, and supportive services to Medicaid (Medi-Cal in California) recipients. Arizona, Minnesota, Wisconsin, and Colorado are among the states that already have or are in the process of implementing such programs. What sets California apart is that its process is based upon a “grassroots up” approach. Participating counties, rather than state government, are responsible for designing their proposed system of care, taking into account the unique constellation of local resources and infrastructure, consumer characteristics, and geographic considerations. California’s program has also focused on improving

the current LTC system rather than realizing cost savings, although the pilots are required to be budget neutral.

State and County Implementation Roles

Given the "grassroots up" approach of the program, the relationship between the state and counties in implementing the program must be a partnership. Interested counties must develop a proposal detailing the program's governance structure, service package and delivery system, risk sharing arrangements with subcontractors, data reporting, and quality assurance mechanisms. Counties are required to demonstrate that the proposal is a collaboration that includes the local health and social services agencies and consumer input. If selected to participate, counties will be required to submit a detailed administrative action plan outlining their implementation steps and timelines.

The state's role is multifaceted. It includes providing group and individualized technical assistance to the counties as they work through developmental issues, and involves substantial work at the state level to facilitate a simplified assessment/intake process and reporting system, make needed departmental and state budget changes to create consolidated funding pools for the participating sites, resolve a variety of facility and health plan licensure issues that are likely to occur, and develop site monitoring requirements. In addition, the state will assist participating counties in identifying needed federal waiver or state plan amendments and in developing waiver/state plan changes.

Revised Implementation Strategy

During the initial year of the LTCIPP, the sheer number of major implementation tasks associated with bringing a LTCIPP site online and the counties' historical lack of data and expertise in managing the care of this population (since this was previously a state responsibility) made foreseeable implementation steps difficult to accomplish.

In response to this dilemma, in November 1997, DHS announced a revised LTCIPP implementation strategy. Although counties would still be required to develop an overall proposal that would lead to full integration of medical, social, and supportive services, they were encouraged to phase in the implementation in manageable steps. This approach permits the counties to gain experience in managing LTC services, and seems more feasible given the staffing, administration, and systems changes involved.

Under this new implementation strategy, DHS will work with each participating county to secure the federal waiver/state plan changes required at each particular implementation step. This process will be repeated until full integration is achieved. DHS also removed the application deadline and will work with all counties seeking to achieve full integration of medical, social, and supportive services (not just five sites). These announced changes have been enthusiastically received.

Several California counties are working on their proposal development activities. Meanwhile, DHS has initiated state-level workgroups to address inter-departmental implementation issues and is continuing to provide technical assistance to participating

and interested counties. DHS anticipates that it will receive additional county proposals (and requests for assistance with federal waiver/state plan issues) during 2000.

Contact Information

For more information about the LTCIPP, contact the Department of Health Services, Office of Long-Term Care, LTC Integration Pilot Program, at (916) 322-4475.